



# CITY OF LODI

PUBLIC WORKS DEPARTMENT

## Map Statements

### (FINAL MAP, PARCEL MAP, RECORD OF SURVEY) RECORDER'S STATEMENT

Filed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_.M. in (Book, Volume) \_\_\_\_\_ of (Maps & Plats, Parcel Map, Record of Survey) at page \_\_\_\_\_, at the request of \_\_\_\_\_.

Fee: \$ \_\_\_\_\_

\_\_\_\_\_  
Assessor  
County Recorder/County Clerk

By: \_\_\_\_\_  
Assistant/Deputy Recorder

### "ALL PURPOSE" ACKNOWLEDGMENT CERTIFICATE

STATE OF CALIFORNIA  
COUNTY OF \_\_\_\_\_

On \_\_\_\_\_, before me, \_\_\_\_\_ (Print Name) \_\_\_\_\_, Notary Public, personally appeared \_\_\_\_\_ and \_\_\_\_\_, [personally known to me] [proved to me on the basis of satisfactory evidence] to be the person(s) whose name(s) is/are subscribed to the within instrument, and acknowledged to me that he/they executed the same in their authorized capacities, and that by their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand:

\_\_\_\_\_  
Notary Public in and for the  
Above-Mentioned State and County

My commission expires: \_\_\_\_\_

### (FINAL MAP) OWNER'S STATEMENT

We, the undersigned, hereby state that we are all the parties having record title interest in the lands subdivided and shown on this Final Map of "Tract No. \_\_\_\_\_, Subdivisions of San Joaquin County, (Name of Subdivision)", City of Lodi, California, and we hereby consent to the preparation and filing of this Final Map in the office of the County Recorder of San Joaquin County, California.

We also offer for dedication to the public for public use [all Public Utility easements] [all street rights-of-way] [the (width)-foot widening of right-of-way along (Street Name)] [to the City of Lodi lot (No.)] [relinquish to the City of Lodi all access rights of (Parcel Numbers) to and from (Street Name)] \*(except at the approved access openings)\*] all as shown on this Final Map.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

\_\_\_\_\_  
(Print Name/Title)

\_\_\_\_\_  
(Print Name/Title)

\*Use only if applicable\*

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Dr. KT	No. 1	Date 9/25	Revision FULL STATEMENT REVIEW	Appr.	Approved By: <i>F. Wally Sandelin</i>	9/25/02	STD PLAN
Ch. WS					F. Wally Sandelin City Engineer R.C.E. 39895	Date	605
Date 12/00							